

**ELEVENTH JUDICIAL CIRCUIT COURT
McLEAN COUNTY, ILLINOIS**

People of the State of Illinois,

v.

Case Number(s) _____

_____,
Defendant

AFFIDAVIT OF ASSETS AND LIABILITIES - APPLICATION FOR PUBLIC DEFENDER

I, _____, Defendant in this case, state that I am without adequate assets to retain counsel, and that I make the following statement in support of my request to be represented by Court-appointed counsel. I am aware that I may be ordered to reimburse the County for the reasonable cost of Court-appointed counsel.

1. FAMILY / HOUSEHOLD DEPENDANT INFORMATION:

Home Address: _____ Own _____ Rent _____

Date of Birth: _____ Phone No. _____

a. Marital Status: Married Single Divorced Widowed

b. Number of Children you are legally obligated to support _____

c. Your children:

Name	Address	Date of Birth	Child Support Amount	Last Payment
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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2. EMPLOYMENT:

a. Name and Address of Employer

b. Length of Employment _____ Occupation _____

c. Full time or part time? _____

d. Hours worked per week _____ Do you have another job? _____ If yes, where?

3. HOUSEHOLD INCOME:

a. \$ _____ per month from employment (Gross Income) (attach pay stubs)

b. \$ _____ per month from pension, trusts, annuity, Workman's Compensation, retirement or disability plan, or any similar State, Federal, local or private benefit plan. (attach)

c. \$_____ per month from federal, state, or local assistance/subsidy (TANF)

d. If you are married, does your spouse work? _____ Where? _____

Spouse's income per month (Gross income) from employment \$_____

e. \$_____ total per month from all sources (Total of all income in Section 3)

4. LIST ALL OTHER INCOME THAT YOU USE TO MEET YOUR EXPENSES:

Source(s) _____ Amount \$ _____ Total per year \$ _____

Source(s) _____ Amount \$ _____ Total per year \$ _____

Source(s) _____ Amount \$ _____ Total per year \$ _____

5. ASSETS:

a. Home or other dwelling \$ _____ Address _____

b. Cars or other vehicles \$ _____

c. Bank Accounts: Checking \$ _____ Savings \$ _____

d. Cash on hand \$ _____

e. Total value of assets \$ _____

6. MONTHLY EXPENSES:

Rent/Mortgage _____ Electricity _____ Water/Garbage _____ TV/Cable _____

Food _____ Daycare _____ Prescriptions _____ School _____

Toiletries _____ Car Gas/Fuel _____ Court Fines _____ Cigarettes _____

Cell Phone _____ Alcohol _____ Laundry _____ Household _____

Propane _____ Laundry _____ Doctor _____ Hospital _____

Credit Cards _____ Other (specify) _____

7. TOTAL MONTHLY EXPENSES \$ _____ TOTAL MONTHLY INCOME \$ _____

If total expenses exceed monthly income, explain where the difference comes from: _____

CERTIFICATION: Under penalties as provided by law pursuant to 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief, and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

Respondent

Date